DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TX 78234-6000

REPLY TO
ATTENTION OF

MCCS

OTSG/MEDCOM Policy Memo 06-014

19 MAY 2006

Expires 19 May 2008

MEMORANDUM FOR COMMANDERS, MEDCOM REGIONAL MEDICAL COMMANDS

SUBJECT: Policy Guidance for Separation Health Assessments (SHA)

1. References.

a. Memorandum, OASD (HA), 14 October 2005, subject: Policy Guidance for Separation Physical Exams.

b. Memorandum, DASG-HS, 13 August 2004, subject: Physical Examinations and Screening Tests on Release from Active Duty.

c. Army Regulation (AR) 40-501, Standards of Medical Fitness, 16 February 2006.

2. Purpose: To issue new guidance on separation health assessments (SHA) for the identified four categories of Soldiers. This memorandum supersedes reference 1b. For all other types of separation physical examinations, see AR 40-501.

3. Proponent: The proponent for this policy is the Director, Health Policy and Services.

4. Policy:

a. In accordance with the 2005 National Defense Authorization Act (Section 1145(a), Title 10 USC), Soldiers in the following categories are required to undergo an SHA prior to their separation from active duty (AD):

(1) A member who is involuntarily separated from AD.

(2) A member of a reserve component who is separated from AD to which he or she was called or ordered in support of a contingency operation, if the AD was for a period of 31 or more consecutive days.

(3) A member who is separated from AD for which the member was involuntarily retained (Stop-Loss) under Section 12305 of this Title 10 USCS § 12305 in support of a contingency operation.

(4) A member who is separated from AD served pursuant to a voluntary agreement of the member to remain on AD in support of a contingency operation.

(5) These categories include Soldiers from the Active Component (AC; COMPO 1) the Army National Guard (ARNG; COMPO 2), and the US Army Reserves (USAR; COMPO 3).

b. The SHA is an individualized health assessment sufficient to evaluate the health of the Soldier at the time of discharge from military service or release from active duty (REFRAD). The intent is to determine whether any new medical conditions were incurred during AD service, any existing medical conditions were aggravated during AD service, and provide an opportunity, prior to separation, to allow documentation of any exposures or risk factors associated with the Soldier's AD service.

c. The SHA may only be waived if the Soldier has undergone a physical examination or assessment within 12 months prior to separation, and then only with the consent of the Soldier and concurrence of the unit commander.

5. Responsibilities: Commanders, Regional Medical Commands, will ensure appropriate dissemination of this policy. Commanders, Medical Treatment Facilities, will ensure dissemination of and compliance with this policy by all privileged providers and TRICARE staff. Commanders supporting the performance of REFRAD SHAs for COMPOs 2 and 3 are responsible for ensuring that the process includes counseling on use of the Transition Assistance Management Program (TAMP).

6. Procedures:

a. SHAs (Enclosure 1) will include:

(1) A current self-reported health status. Completion of a self-assessment tool/questionnaire by the Soldier will include a DD Form 2807-1 (Report of Medical History) or DD Form 2697 (Report of Medical Assessment). When available, the Health Assessment Review Tool (HART) will be utilized in lieu of the DD 2807-1/DD 2697. This portion of the SHA may be reviewed by any medical staff. Soldiers returning from deployment will also complete a DD Form 2796 (Post Deployment Health Assessment).

(2) A face-to-face interview with a physician, nurse practitioner, or physician assistant to review the Soldier's medical record (health history and events, known conditions, and documented exposures) to identify any complaints or potential AD service-related (incurred or aggravated) illness or injury.

(3) A hands-on physical examination if during the interview the physician, nurse practitioner, or physician assistant feels a more in-depth examination, to include any additional medical/behavioral consultations and testing, is clinically indicated. Soldiers with unresolved service-connected medical conditions may be retained on AD until the conditions can be appropriately diagnosed and a treatment plan established.

(4) A discussion of the "A"- and "B"-rated US Preventive Services Task Force (USPSTF) recommendations (http://www.ahrq.gov/clinic/uspstfix.htm) based on the individual's age and gender, to include appropriate laboratory and imaging procedures (Enclosure 2). Soldiers are encouraged to adopt the recommended behavior modifications and obtain the recommended laboratory and/or imaging procedures. Accomplishing these recommendations does not establish a requirement to remain on AD.

(a) For COMPO 1 Soldiers, involuntarily separated: the USPSTF recommendations should be completed prior to their separation date (see AR 40-501 for any additional requirements).

(b) COMPOs 2 and 3 Soldiers on AD for greater than 31 days under contingency orders are encouraged to accomplish the USPSTF recommendations utilizing their TAMP benefits within 180 days of REFRAD.

(5) An assessment regarding the Soldier's qualification for retention in accordance with AR 40-501, or need for referral to a Medical Evaluation Board or Physical Evaluation Board.

b. Documentation of all the above in the Soldier's permanent medical record.

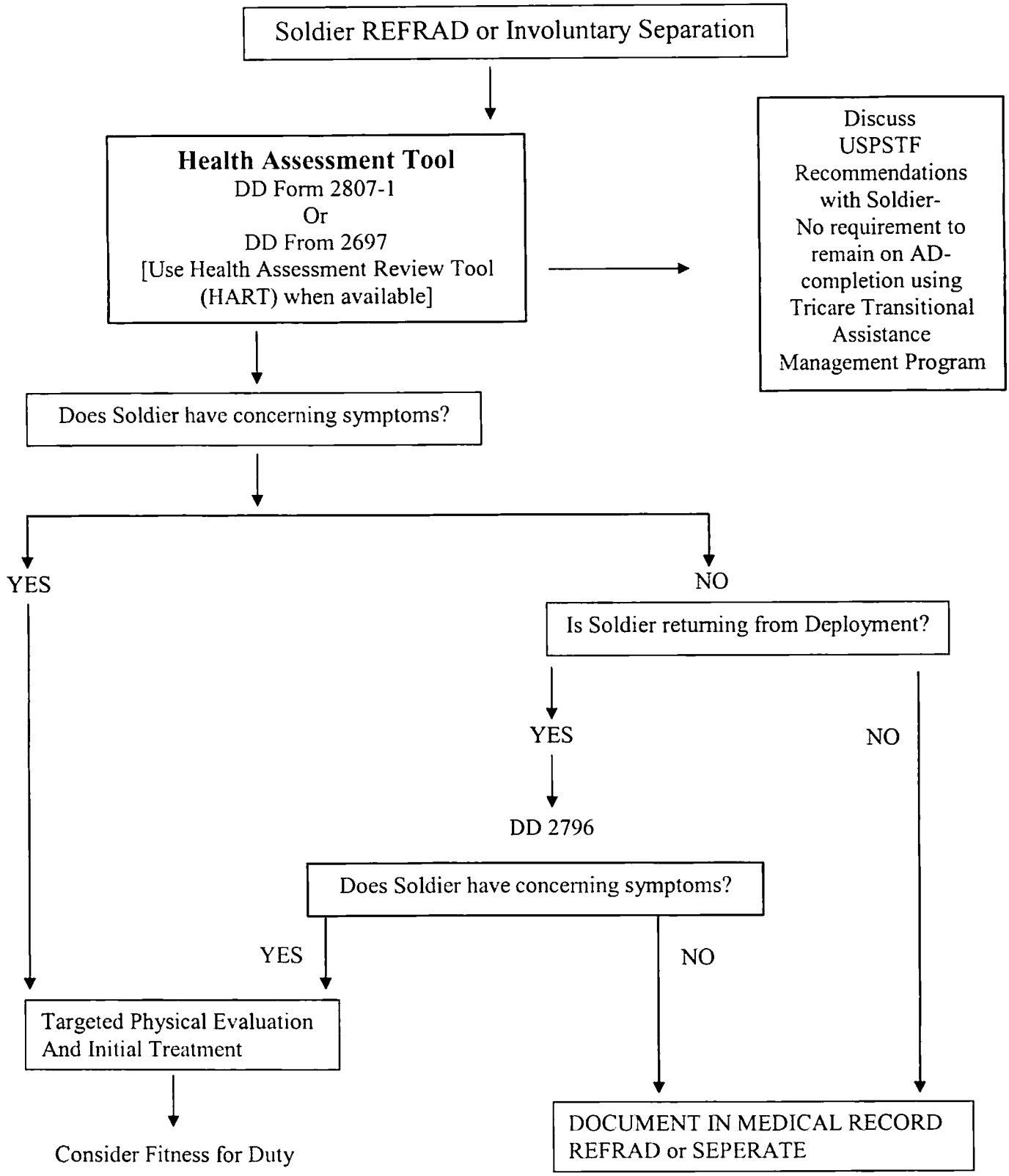
FOR THE COMMANDER:

WILLIAM H. THRESHER
Chief of Staff

2 Encls
1. Army SHA Diagram
2. Preventive Services Chart

CF:
Command Surgeon, Army National Guard
Command Surgeon, USARC
Command Surgeon, Army Reserve Command

Army Separation Health Assessment



Encl 1

USPSTF Recommended Clinical Preventive Services for Adults

Test/Exam		Recommended Age to Start/Stop and Frequency *(NOTE: These are MINIMAL requirements and recommendations and good clinical judgment may drive additional requirements for individual patients)*									Source or Ref (hotlink if avail)	Requirements / Recommendations / Other Clinical Considerations
		18	20	25	30	35	40	45	50	65**		
RECOMMENDED FOR PERSONS AT NORMAL RISK FOR THE RESPECTIVE CONDITION												
Breast Cancer Screening:	Mammography						q 1-2 Years				1	Performed with or without clinical breast examination (CBE)
Cervical Cancer Screening		Annually until three normal evaluations, then q 3 Years*									1	Papanicolaou (Pap) testing for all women who are or have been sexually active, and who have a cervix. Pap smears should begin with the onset of sexual activity; once three normal Pap's have been documented, repeat at least every three years. Do not withhold renewal of birth control pills for screening accomplishment.
Colorectal Cancer Screening:	Sigmoidoscopy or Fecal Occult Blood								q 3-5 Years*		1	Screen all starting at age 50. Sigmoidoscopy every 3-5 years.
									Annual*			Screen all starting at age 50. Fecal occult blood testing (FOBT) annually.
High Blood Pressure Screening		q 1-2 Years*									1	Screen all starting at age 18.
Height, Weight		q 1-2 Years*									1	Measure height and weight periodically for all patients.
Lipid Disorder Screening						Males: q 5 Years*					1	Screen men aged 35 years and older and women aged 45 years and older for lipid disorders and treat abnormal lipids in people who are at increased risk of coronary heart disease. Screening for lipid disorders include measurement of total cholesterol (TC) and high-density lipoprotein cholesterol (HDL-C), both of which can be accomplished as non-fasting tests.
								Females: q 5 Years*			1	
Assess CV disease risk and discuss ASA prophylaxis	Men						Periodically				1	Click on Right Uppper Corner Triangle in this box or allow mouse to hover over this box to review some of the Clinical Considerations
	Women								Periodically		1	
Vision, Hearing										Periodically	1	Routine Vision testing with Snellen testing and Questioning about hearing are recommended for elderly adults
Osteoporosis Screening for Postmenopausal Women										Routinely	1	For women at high risk for fractures, the USPSTF recommends that screening begin at age 60
Sexually Active Females:	Chlamydia Screening	Routinely*									1	Screening all sexually active females younger than 25, and other asymptomatic women at increased risk for infection. Re-screening interval should take into account past history, changes in sexual partners and community/ patient population prevalence. Cervical specimen is not necessary for women not due for a PAP smear; urine test is acceptable.
	Gonorrhea Screening										1	
Depression Screening		In clinical practices that have systems in place to assure accurate diagnosis, effective treatment, and followup.*									1	Screen all starting at age 18.
Alcohol Misuse Screening		All adults, including pregnant women*									1	Screen all starting at age 18.
Screen for Tobacco Use		All adults, including pregnant women*									1	Screen all starting at age 18.

** Upper Age Limits Should be Individualized For Each Patient

*U.S. Preventive Services Task Force Recommendation. The USPSTF did not find sufficient evidence to specify the optimal screening interval.

References

1 U.S. Preventive Services Task Force Recommendation.

2 USPSTF Chart of Normal-Risk Adult Recommendations 5/10/2006